## <u>INITIAL CONSULTATION – FAMILY LAW</u>

DATE		
CLIENT NAMEFirst		
First MAIDEN NAME (if applicable)	Middle	Last
IF WIFE, DO YOU WANT YOUR M	MAIDEN NAME RES	TORED?
ADDRESS		
CITY/STATE/ZIP		
COUNTY OF RESIDENCE		
CELL PHONE	OTHER PHONE	
E-MAIL:		
BEST WAY TO CONTACT YOU		
MAY WE MAIL OR CALL YOUR HOME	ADDRESS? □ Yes	□ No
IF NO, PLEASE PROVIDE ANOTHER AD	DDRESS TO RECEIV	E MAIL FROM THIS OFFICE:
EMPLOYER'S NAME		OB TITLE
EMPLOYER'S ADDRESS		
DATE OF BIRTH PL		
RELIGION		
HIGHEST LEVEL OF EDUCATION:		
MILITARY EXPERIENCE – DATES AND	BRANCH OF SERV	ICE
	TYPE OF DISC	HARGE
NUMBER OF THIS MARRIAGE (1st?, 2nd?,	, etc.)	
PRESENT MEDICAL CONDITION		

OTHER PARTY'S NAMEFirst		
First MAIDEN NAME (if applicable)	Middle	Last
ADDRESS		
CITY/STATE/ZIP		
COUNTY OF RESIDENCE		
CELL PHONE	OTHER PHONE	
E-MAIL:		
EMPLOYER'S NAME	JOB TITLE	
DATE OF BIRTH PLACE OF	F BIRTH	_
HIGHEST LEVEL OF EDUCATION		
NUMBER OF THIS MARRIAGE (1st?, 2nd?, etc.	c.)	
************	********	********
DATE OF THIS MARRIAGE	PLACE	
	C	City/County/State
DATE OF SEPARATION	NO. OF CHILDREN	UNDER 18
CHILDREN'S FULL LEGAL NAMES	BIRTH DATES:	AGES:
HOW DID YOU HEAR ABOUT THIS LAW I	FIRM?	
<u>IMPC</u>	DRTANT NOTICE	
FEES FOR SERVICES RENDERED TODAY ARE DUE \$250.00 PER HOUR, AND ACCRUES IN TENTHS OF YOU WILL ALSO BE CHARGED IN TENTHS OF AN CHARGED MORE THAN \$250.00 IF THE CONSULTATION OR MY ASSISTANT PRIOR TO THE CONSULTATION PRIOR TO THE CONSULTATION Please initial that you have read the above N	F AN HOUR (.1 HOUR = 6 MI I HOUR IF YOU EXCEED ONE ATION CONTINUES MORE THAI ARE UNABLE TO PAY YOUR FE SO THAT OTHER ARRANGEME	NUTES). <u>PLEASE NOTE</u> THAT HOUR SO THAT YOU MAY BE N ONE HOUR. FEES MUST BE E TODAY, PLEASE INFORM ME
Transcriminal mai you have read the above to	· · · · · · · · · · · · · · · · · · ·	